SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $184 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:05

DOCUMENT # **N34774** **(2)**

1. Corporation Name
DELRAY BUSINESS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 056~~	~~P.O. BOX 050~~
~~DELRAY BEACH FL 33447~~	~~DELRAY BEACH FL 33447~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0209732 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 299 NE 8th ST.	26 299 NE 8 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28 BOCA Raton, FL
Zip 24 33432 Country 25 USA	Zip 29 33432 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROMAN, PHILIP
4400 N. FEDERAL HWY.
#210
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~	11 TITLE	D ☐ Change ☒ Addition
NAME	~~FAHRER, DOV~~	12 NAME	Glantz, Lloyd
STREET ADDRESS	~~812 E ATLANTIC AVE~~	13 STREET ADDRESS	14838 S Military Trail
CITY-ST-ZIP	~~DELRAY BEACH FL~~	14 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	ROMAN, PHIL	22 NAME	
STREET ADDRESS	4400 N FEDERAL HWY 210	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	~~DV~~	31 TITLE	DP ☒ Change ☐ Addition
NAME	WEXLER, ELOISE	32 NAME	
STREET ADDRESS	~~1 W CAMINO REAL, 113~~	33 STREET ADDRESS	299 NE 8th ST
CITY-ST-ZIP	~~BOCA RATON FL~~	34 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LEHR, SIDNEY	42 NAME	
STREET ADDRESS	1900 S FEDERAL HWY	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	IRWIN, JEAN	52 NAME	
STREET ADDRESS	200 MAC FARLANE DR	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	54 CITY-ST-ZIP	
TITLE	DT	61 TITLE	☐ Change ☐ Addition
NAME	MCHUGH, BETH	62 NAME	
STREET ADDRESS	3127 CHAPEL HILL BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eloise Wexler, President 6/14/95 Date 407-393-8930 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eloise P. Wexler

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